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DATE: May 10, 2006

PTO IDENTIFIER: Application Number 10/663555-Conf. #2589
Patent Number

Inventor: Bruce Shull et al.

MESSAGE TO: US Patent and Trademark Office

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FROM: PATTON BOGGS LLP

Carl A. Forest

PHONE: (303) 894-6114

Attorney Dkt #: 023134.0107PTUS (Formerly 1718-0004)

PAGES (Including Cover Sheet): 5

CONTENTS: Certificate of Transmission (1 page)
Revocation of POA With New POA and Change of Correspondence Address (1 page)
Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
POA and Correspondence Address Indication Form (1 page)

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T-835 P.002/005 F-982

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PTO/SB/87 (08-04)

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Application No. (if known): 10/663555

Attorney Docket No.: 023134.0107PTUS
(Formerly 1718-0004)

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2. Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
3. POA and Correspondence Address Indication Form (1 page)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/663555-Conf. #2589
	Filing Date	September 16, 2003
	First Named Inventor	Bruce Shull
	Title	TEST STRIP AND METHOD FOR DETERMINING LDL CHOLESTEROL, etc.
	Art Unit	1655
	Examiner Name	A. P. Wood
	Attorney Docket No.	023134.0107PTUS (Formerly 1718-0004)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: **24283**

OR

 Practitioner(s) named below:

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Address: City: State: Zip: Country: Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	5/8/06
Name	Robert Huffstadt	Telephone	(317) 870-5610
Title and Company	Authorized Signer, Polymer Technology Systems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of **1** forms are submitted.

PTO/SB/96 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Polymer Technology Systems, Inc.Application No./Patent No./Control No.: 10/663555 Filed/Issue Date: September 16, 2003Entitled: TEST STRIP AND METHOD FOR DETERMINING LDL CHOLESTEROL CONCENTRATION FROM WHOLE BLOOD_____, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014888.
Frame 0759, or a true copy of the original assignment is attached.

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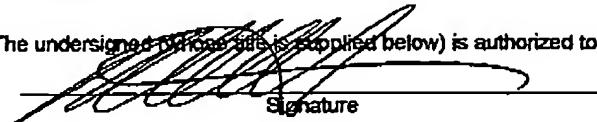
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

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Reel _____, Frame _____, or for which a copy thereof is attached.
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(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.
See MPEP 302.08)

The undersigned (whose name is supplied below) is authorized to act on behalf of the assignee.



Signature



Date

Robert Huffstadt

(317) 870-5610

Printed or Typed Name

Telephone Number

Authorized Signer for Assignee

Title

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/663555-Conf. #2589
	Filing Date	September 16, 2003
	First Named Inventor	Bruce Shull
	Art Unit	1655
	Examiner Name	A. P. Wood
	Attorney Docket Number	023134.0107PTUS (Formerly 1718-0004)

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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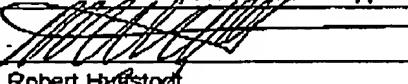
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 Firm or
Individual Name: Address: City: Country: State: Zip: Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Name: Robert Hunsoldt

Date: 5/10/06

Telephone:

(317) 870-5610

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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